

SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 140

Registered No. 168

1. PLACE OF BIRTH

County Gila

State Ariz.

District or Township

or Village

City Globe

No.

St.

Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

(If child is not yet named, make supplemental report, as directed.)

2. Full name of child Baby Mitchell

3. Sex of Child

To be answered ONLY
in event of plural
births.

4. Twin, triplet or other

6. Legitimate?

7. Date

of birth

Month

Day

Year

5. No., in order of birth.

8.

FATHER

Full name

Robert K. Mitchell

9. Residence

(Usual place of abode)

If non-resident, give place and state.

Globe, Ariz.

10. Color or race

White

11. Age at last birthday

30

(Years)

12. Birthplace (city or place)

(State or country)

Owensboro, Ken.

13. Occupation

Nature of industry

Miner

14.

MOTHER

Full maiden name

Kathleen Reynolds

15. Residence

(Usual place of abode)

If non-resident, give place and state.

Globe, Ariz.

16. Color or race

White

17. Age at last birthday

31

(Years)

18. Birthplace (city or place)

(State or country)

Pleasant Ridge, Ken.

19. Occupation

Nature of industry

Housewife

20. Number of children of this mother

4

(a) Born alive and now living

3

(b) Born alive but now dead

1

(c) Stillborn

21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn at 1:30 P.M. on the date above stated.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature

T. S. Harper
Physician

(Physician or midwife).

Given name added from a supplemental report

Month, day, year

Address

Globe, Arizona

Filed

10/7/29

1929

G. E. Leighton
Registrar

Registrar

023-909-292